

County: Grant
 GRAYS NURSING HOME, INC.
 555 NORTH CHESTNUT STREET
 PLATTEVILLE 53818 Phone: (608) 349-6741

Facility ID: 3870

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Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 20
 Total Licensed Bed Capacity (12/31/01): 20
 Number of Residents on 12/31/01: 19

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 20

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		42.1
Supp. Home Care-Personal Care	No					1 - 4 Years		31.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		26.3
Day Services	No	Mental Illness (Org./Psy)	63.2	65 - 74	0.0			-----
Respite Care	No	Mental Illness (Other)	15.8	75 - 84	26.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	63.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.3		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	5.3	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	5.3		-----	RNs		17.2
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		13.7
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	5.3	Male	0.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	100.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Table 1: Summary of Services by Level of Care																				
Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	1	8.3	128	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	1	5.3	
Skilled Care	0	0.0	0	11	91.7	108	0	0.0	0	7	100.0	121	0	0.0	0	0	0.0	18	94.7	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Total	0	0.0		12	100.0		0	0.0		7	100.0		0	0.0		0	0.0	19	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	20.0	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	26.7	Bathing	0.0	57.9	42.1	19
Other Nursing Homes	13.3	Dressing	10.5	47.4	42.1	19
Acute Care Hospitals	26.7	Transferring	5.3	73.7	21.1	19
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	5.3	52.6	42.1	19
Rehabilitation Hospitals	0.0	Eating	0.0	73.7	26.3	19
Other Locations	13.3	*****				
Total Number of Admissions	15	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	5.3	Receiving Respiratory Care		15.8
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	94.7	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	40.0	Occ/Freq. Incontinent of Bowel	26.3	Receiving Suctioning		0.0
Other Nursing Homes	13.3			Receiving Ostomy Care		0.0
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	10.5	Receiving Mechanically Altered Diets		31.6
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	46.7	With Pressure Sores	0.0	Have Advance Directives		57.9
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	15			Receiving Psychoactive Drugs		63.2

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	82.5	1.21	94.9	1.05	85.8	1.17	84.6	1.18
Current Residents from In-County	84.2	74.3	1.13	69.9	1.20	69.4	1.21	77.0	1.09
Admissions from In-County, Still Residing	40.0	19.8	2.02	27.6	1.45	23.1	1.73	20.8	1.92
Admissions/Average Daily Census	75.0	148.2	0.51	84.7	0.89	105.6	0.71	128.9	0.58
Discharges/Average Daily Census	75.0	146.6	0.51	88.0	0.85	105.9	0.71	130.0	0.58
Discharges To Private Residence/Average Daily Census	30.0	58.2	0.52	16.0	1.88	38.5	0.78	52.8	0.57
Residents Receiving Skilled Care	100	92.6	1.08	73.4	1.36	89.9	1.11	85.3	1.17
Residents Aged 65 and Older	100	95.1	1.05	91.6	1.09	93.3	1.07	87.5	1.14
Title 19 (Medicaid) Funded Residents	63.2	66.0	0.96	50.3	1.25	69.9	0.90	68.7	0.92
Private Pay Funded Residents	36.8	22.2	1.66	46.9	0.79	22.2	1.66	22.0	1.67
Developmentally Disabled Residents	0.0	0.8	0.00	0.7	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	78.9	31.4	2.52	52.4	1.51	38.5	2.05	33.8	2.34
General Medical Service Residents	5.3	23.8	0.22	9.8	0.54	21.2	0.25	19.4	0.27
Impaired ADL (Mean)	66.3	46.9	1.42	51.2	1.30	46.4	1.43	49.3	1.35
Psychological Problems	63.2	47.2	1.34	55.2	1.14	52.6	1.20	51.9	1.22
Nursing Care Required (Mean)	5.9	6.7	0.89	6.0	0.98	7.4	0.80	7.3	0.81